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MACMILLAN SOBANSKI

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## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Stop ISSUE FEE  
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27377 7590 12/28/2006

MACMILLAN, SOBANSKI & TODD, LLC  
 ONE MARITIME PLAZA-FIFTH FLOOR  
 720 WATER STREET  
 TOLEDO, OH 43604

01/10/2007 RMEBRAH1 00000009 130005 10802308

01 FC:1501 1400.00 DA  
 02 FC:1504 300.00 DA

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 I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Karen D. East	(Depositor's name)
	(Signature)
January 9, 2007	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/802,308	03/17/2004	David A. Hein	74569	3917

TITLE OF INVENTION: ILLUMINATED TOUCH SWITCH

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	03/28/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
AMADIZ, RODNEY	2629	345-173000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list <input type="checkbox"/> (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, <input type="checkbox"/> (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)	

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## (A) NAME OF ASSIGNEE

*Lear Corporation*

## (B) RESIDENCE: (CITY and STATE OR COUNTRY)

*Southfield, Michigan*

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Jean Y. YuleDate January 9, 2007Typed or printed name Frank L. LolloRegistration No. 48,854

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